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Original Article.

A NEW STATIC INTERRUPTED CURRENT.

[My new system of therapeutic administration of static electricity based upon the principle of potential alternation.]

By S. H. MONELL, M. D.
NEW YORK CITY.

I HAVE for some time employed with satisfaction to my patients and myself a new method of applying static electricity, of which I have seen no account hitherto published. It is my purpose to lay before the profession, the results obtained by this method.

Following the well-nigh total eclipse of the earlier static machines by the less cumbersome galvanic and faradic batteries, the latter were constantly improved and rendered practical, while the static machine stood still. The methods of applying static electricity are the same now as when Dr. Steavenson described them in 1778, with *one exception*.

In 1889 Dr. H. McClure of London described a method as follows:—"A Leyden jar is attached by means of a hook to each conductor of the static machine.

To the outer coatings of these jars are attached a pair of ordinary conducting cords with moistened electrodes. The poles of the machine are now separated very slightly, giving a short spark; during the passage of each spark an induction current is sent down the cords and received by the patient who need not be insulated; nerve and muscle may thus be acted on in exactly the same way as in the application of faradism." In an article in the *Medical Record* of January 24th, 1891, a similar method is described by Dr Morton, and usually referred to as "Morton's induced current."

In an interesting review of "static electricity in medicine" by Dr. A. L. Ranney, in 1887, this distinguished author observes,—"the greatest event after its discovery, in the century-long history of medical statical electrization, was the invention of the Holtz or induction machine in 1865; next in importance perhaps was the discovery of the static induced current, and the pistol electrode is the only novel electrode of any importance not bequeathed to us by the medical electricians prior to 1880."

This ingenious electrode has not been found to be an essential part of a static out-

fit however, and is now obsolete. The so-called "induced current" necessitates a change in the adjustment of the machine,—the baring of the surface to which it is applied; and though valuable, and capable of special service in gynecology, it is neglected in general practice. It will be seen that the term "induced" is misleading, since it implies a secondary or helix quality that does not exist, for as a matter of fact all current electricity furnished by the Holtz *induction* machine is "*induced*," and the current which reaches the patient by this method differs from the usual static charge only in including the patient in the circuit, and in having the current interrupted and its strength modified by the approximation of the poles.

In the method which I shall now describe no change is made in the adjustment of the machine or in the patient's clothing. I employ simple electrodes made for me by the Waite & Bartlett Manufacturing Company, who have for more than a decade led in the improvement of the Holtz machine. The patient is seated upon the platform, and after being charged in the usual manner his potential is suddenly reduced to zero, by the approximation of an interrupter to the conducting rod. A succession of alternations between a high and zero potential may now be maintained as rapidly or slowly as desired.

The interruptions may be regulated at will from one in any number of seconds to any number per second, and by fixing the interrupter on a standard the application becomes automatic and does not require the operator's constant attention.

In my hands this method serves me as an agreeable substitute for the static spark. Remarkable as it appears, the more or less disagreeable and often painful, and to some intolerable, spark, has been for more than a hundred years the main therapeutic reliance in the static treatment. Many a patient has been lost by the incautious use of sparks on a first visit. It was the desire to avoid the disagreeable features of the spark application that led me to develop my new system of potential alternation. It is painless, simple and effective. As a general nutritional treatment it leaves

nothing to be desired that could be obtained by sparks. By the application of conductors I localize it to any part as large or small as I wish. By slowly repeated powerful interruptions the effect is made exceedingly stimulating, while the more rapid the interruptions the finer and more sedative the effect. It can also be made to produce a most exquisite yet easily borne counter irritation. I find it to answer well for all the general and many of the special and local indications for sparks, while it seems to lack little of their peculiar power to rapidly remove localized pains deep seated in fibrous tissue. I have tested it in many ways and the possibilities of its successful application grow apace with experience and ingenuity in using it. It does not altogether enable me to avoid the use of sparks, but a comfortable method which will produce identical results, in many of the cases to which the spark is applied, cannot fail to be a source of relief and gratification to both physician and patient. Whatever of therapeutic value is imparted to galvanic and faradic currents by "interruption", must also be imparted to the static current, and the speed of the interruption of the static current can, by my method, be made to cover a greater range than any faradic vibrator yet invented. When administered merely for its general nutritional effect it is exceedingly suggestive to note the visible oscillations of the patient's hair, to feel the vibratory commotion in the surrounding atmosphere, and to consider the molecular disturbance and alteration of nutrition which must be going on in every part of the electrified body, since the potential inside a conductor has the same value as at any point on the surface.

And this alternative commotion among the tissue cells, quickening the protoplasmic activity, is carried on so mildly that the patient is conscious only of the gentle breeze. As regards local applications to give muscles work and stimulate contractions I have found my method of practical service, and this too on certain days when, from atmospheric conditions, no spark could be drawn through the patient's clothing. Patients coming in with damp garments on rainy days

have been successfully treated when, had I depended on sparks, I should have been left without resource. In order to estimate the relative value of an interrupted current and vibrating potential as a therapeutic application of static electricity, we have only to compare it with the three classical methods in general use, insulation, breeze and sparks, and with the so-called induced current. As to insulation, my method incorporates it, but attacks its constant potential by means of the interruptor and imparts to it a succession of stimuli which must inevitably quicken functional activity. As to the breeze, its use is limited to the head or thinly clad surfaces, it being imperceptible through ordinary apparel. Sufficient comparison with sparks and the induced current has already been made.

The experience of a century has given us no other general method. It is evident therefore from a mere glance at the extremely limited variety of static applications and the limitations of each, that a new method of practical simplicity and extensive therapeutic range is a desirable contribution to static treatment. It can be applied to the whole or any part of the body without change in either machine or patient and employs electrodes as simple as those in common use. A careful review of such records as have been available does not disclose any reference to any similar system of applying static electricity; and it may be properly claimed that this method is original with me.

A few cases may be cited to illustrate this method.

Miss —, severe frontal headache, involving eyes. Treatment—rapid potential alternation four minutes. Result, complete relief.

Mr. —, chronic articular rheumatism in small joints of foot. P. A. slow, followed by rapid interruptions for ten minutes, relieved pain better than sparks, and was far more agreeable.

Mr. —, aged 65, complained of malaise, neurasthenia. P. A. for one-fourth hour, removed languor and imparted a feeling of restful buoyancy.

Mr. —, age 57. Rheumatic paralysis of arm, was unable to elevate to level

of shoulder. After P. A. for one-fourth hour he regained full motion.

Mrs. —, chronic rheumatism in right arm, loss of power nearly complete. Extreme nervous debility, sleep much broken by nocturnal pains. Treated by general P. A., also local to whole arm. Is much improved, less nervous. "Combed her own hair for the first time in four years, and slept the night through without pain."

Mr. —, Lumbago, garments damp, rainy day, could not draw a spark. Applied P. A. locally, gave relief in five minutes. Had been treated elsewhere by sparks. Expressed better satisfaction with this method.

Miss —, chronic chorea of 44 years' duration. This interesting case had its origin in a fright when six years of age. Is now fifty, single. Weight 105 pounds, extremely nervous, head and right arm affected, head would play a tattoo on the pillow half the night before she could compose it for sleep. Arm nearly powerless. No appetite, dreaded the observation of strangers, and lived a secluded life. Had constant pains in occipital and lumbar regions.

After one month during which she had only ten treatments she reports. "Owing to illness in the household I have had to assume duties much beyond my strength, so that I have been unable to do justice to my own health. I have, however, gained three pounds, sleep composedly, am hungry for every meal, go out alone freely, do not mind the gaze of strangers, am less nervous, can use my arm for many little services, can stoop and pick up an object from the floor, a thing I never did in my recollection until now.

"I have had no pain in my head and back since the second week of treatment and the constant sense of nerve strain which I formerly had is entirely gone so that I have more comfortable rest than at any previous period of my life."

Upon results like these are based the claims of my new method to the consideration of the profession. I am now engaged in a series of observations as to the effects upon pulse, temperature, etc., which I hope to make known later.

665 LEXINGTON AVENUE.

OLIVE OIL VERSUS GALL-STONES.

By LOUIS LEWIS, M.D.

SOME months ago I attended a middle-aged man whom I found in an urgent state of prostration. His pulse was below 20, and hard to find; the surface was bedewed with a cold sweat, and consciousness was fast departing. His wife informed me that his condition was the sequel to a prolonged spell of excruciating pain in the abdomen and right side, which had fairly "doubled him up" and caused him to roll around in agony. Hot bottles, mustard poultices, a stimulating enema and whisky brought him to, after some trouble; and examination revealed much tenderness and some swelling under the border of the liver, over the site of the gall-bladder and biliary ducts. Nausea and vomiting had been constant, and the bowels confined; the tongue was clean, the temperature not high, there was no jaundice, but the urine was bile-colored. This was evidently hepatic colic, due to the passage of gall-stones; and as another paroxysm was now on hand, a linseed poultice was applied over the right hypochondrium, and olive oil—an old-time remedy—administered internally, the best part of a tumblerful, and was retained. No medicine was given; but following the suggestion of Dr. McCourt, of New York, the patient was placed on his right side, and the pelvis elevated to help the passage of the oil to the obstructed part, and to invite regurgitation. In about twenty minutes complete relief was experienced, which held during the remainder of the day, and a saline draught on the following morning brought away quantities of small gall-stones. These were genuine biliary calculi, as affirmed by the patient, who claimed them as old acquaintances, he having passed them and seen them many times before, *though he had never taken oil*; so they may not be confounded with the soft fatty bodies that oil is said to frequently produce, and which simulate the simon pure. As the patient had suffered from these hepatic colics periodically, I advised him to take the oil every day, as a prophylactic, though not in such unpleasant doses. I also recommended sardines, salads and all such foods as contain or are saturated with

oil, to be included in his daily diet, and he has been free from gall-stones up to now, a consummation that he has not attained for so long, (though devoutly wished for) in many years. As a rule women are more prone to these troubles than men, and it is worthy of note that the Jews (male and female) who habitually consume large quantities of olive oil, in the cooking of fish and other foods, rarely require treatment for the passage of gall-stones.

2011 ARCH STREET.

PARALDEHYDE HABIT.

By STEPHEN LETT.

[Medical Superintendent, Homewood Retreat, Guelph, Ont.]

THERE appeared in the August 19th number of THE TIMES AND REGISTER the report of a case of paraldehyde addiction, which appears to be the first on record. As this drug is being largely prescribed for the relief of insomnia, and as the assertion has been made that "a habit cannot be formed owing to the disagreeable odor and taste of the drug." It seems desirable that cases of this addiction should be reported, I therefore send you the following:

T. H. B., aet. 31, male, single, druggist, came under my care Dec. 15, 1890, for treatment of paraldehyde addiction. He had been troubled with insomnia for many years to relieve which he took chloral, in order to discontinue the chloral he substituted paraldehyde, and has been taking this latter daily for about three years. At the time of admission it required $\frac{3}{4}$ iiss per diem to sustain him, and he presented the following phenomena: Nutrition bad, body much emaciated, stomach irritable, appetite gone, tongue heavily coated with a white kid-like coating—bowels, skin, and kidneys active. Breath and perspiration had a strong odor of paraldehyde, urine upon standing separated out numerous large globules of the drug which floated like oil on its surface. Heart weak and irregular, pulse soft, 100. He was very nervous and irritable, muscular tremor marked, gait ataxic, could not walk unless supported by an attendant on each side of him, speech paretic, marked mental enfeeblement. Sleep under the action of the drug good. Sexual appetite lost—no control over the

sphincters. In fact he presented the appearance of a paretic dement in the stages of approaching mental and physical oblivion.

Upon tonics and the gradual reduction plan of treatment he made an excellent recovery.

Some differences in this case from that reported by Dr. Elkins above referred to may be noted.

Dr. Elkin's Case.

Hunger excessive.
Bowels constipated.
Mental excitement.
Hallucinations of sight and hearing.
Delusions numerous.
Sensory symptoms marked.
Duration of habit, 26 months.
Quantity of drug consumed ounce xvi per week.

Dr. Lett's Case.

Appetite lost
Bowels relaxed.
Mental depression.
No Hallucinations.
No delusions.
No Sensory symptoms
no ed.
Duration of habit, about 3 years.
Quantity of drug consumed ounce xviii per week.

I should like to see other cases reported.

AUG. 26, 1893.

FOR CONJUNCTIVAL INFLAMMATION.

Among ophthalmic surgeons, solutions of boric acid with or without the addition of a certain amount of borax are in constant use for inflammation or irritation of the conjunctiva. The beneficial influence exerted by them is strictly confined to the conjunctiva. In inflammation of the deeper structures of the eye, they are useless. A common proportion is

Boric acid three parts, [12 grains.]

Distilled water, 100 parts, [1 fluid ounce.]

In water at ordinary temperatures, boric acid is only soluble to the extent of about 4 per cent., and to prevent any deposit, it is necessary to prescribe less than would make a saturated solution. As far as any excess of action upon the conjunctiva is concerned, it may even be applied in the form of powder, provided the powder is sufficiently fine (impalpable) without provoking irritation.

Where borax is added, it may be in the following proportion :

Sodium biborate 1 part, [4 grains]

Boric acid 3 parts, [12 grains]

Distilled water 100 parts, [1 fluid ounce.]

Borax is much more freely soluble in water than is boric acid, but cannot be used in anything like saturated solutions without causing severe conjunctival irritation.

It should be born in mind that boric

acid, despite its name, is really slightly alkaline in reaction, and the addition of the sodium salt renders the solution very decidedly alkaline. Such an addition increases the cleansing power of the solution, and renders it more efficient as an antiphlogistic in cases in which there is any appreciable conjunctival discharge.

These solutions are often spoken of as antiseptics, but they have very little reason to be so called. For any antiseptic effect, probably their most important ingredient; and this may be true of many other so called antiseptic solutions, is the water they contain.

They are simply cleansing and soothing in their action and may be used in all cases of conjunctival inflammation with the greatest freedom and without danger of injury. For slight hyperemia or irritation, indicated by burning, itching, or smarting of the eyes, five or ten drops is usually ordered to be used three or four times per day. Where there is marked purulent discharge, the solution is to be used by the drachm or half ounce every hour, or so often as is necessary to keep the conjunctiva thoroughly cleansed with it.

The application of such a solution is not followed by any smarting, burning, or increased pain of any kind; but usually by a very notable relief from such sensations. The solution of boric acid is on many accounts an admirable placebo, and it is to be born in mind when a placebo is required, yet it has a positive soothing and cleansing action.

It answers well as a vehicle for the mydriatics or myotics; although it has little or no power to prevent the growth of the low vegetable forms that are liable to infest such solutions, when kept long at ordinary temperatures.

—Jackson, in *The Polyclinic*.

NOT IN PHILADELPHIA.

While a woman was waiting for two hours and a half at the London Hospital her baby died in her arms. She applied to the coroner, who ascertained from the physician that the child was in a dying state when brought to the hospital. In his opinion, therefore, no blame was attachable to anyone, a view in which the jury concurred.—*Med. Press*.

The Times and Register.

A Weekly Journal of Medicine and Surgery.

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PHILADELPHIA, SEPTEMBER 9, 1893.

TREATMENT OF THE MORPHINE HABIT.

THE morphine habit is difficult of eradication. The percentage of reformed drunkards is greater than that of reformed morphiomaniacs. The harmful drug has become a necessity. If withheld, every cell of his organism cries out in distress. The harmonious exercise of function cannot be maintained without morphine; the organs have, in fact, adjusted themselves to a new and artificial condition in which the great element of equilibrium is that deadly alkaloid. Hence the removal of morphine gives rise to an all powerful organic craving.

There are two methods of leaving off: the sudden method, and the gradual method. Levenstein is the conspicuous advocate of the sudden method, which theoretically is the best. The supply of morphine is at once stopped and forever. It is to be remarked that this

method of leaving off in alcoholism is generally the best. But in respect to morphinism, the practical difficulties in the way of sudden suppression are very great; dangerous collapse is likely to ensue, and wild and maniacal delirium; and the treatment can only be carried out in an institute where the patient can be properly watched and guarded.

The gradual method advocated by Berkhart, or the modification first proposed by Erlenmeyer, and called by him the quick method is the one in use by most specialists.

Dr. J. B. Mattison, of Brooklyn, New York, has published still another method, which he calls "the American method," in which the patient is kept drugged with bromide of sodium during the whole of the withdrawal period. His initial dose is thirty grains twice daily at twelve hour intervals. He increases the amount twenty grains and continues it eight days, reaching a maximum of one hundred grains twice in the twenty-four hours. During this time of bromal medication, the usual opiate is gradually lessened, so that from the eighth to the tenth day it is entirely abandoned.

There is nothing really new about this treatment, except the large and long continued dosing with bromide of sodium. The attempt during withdrawal to substitute some other nerve-remedy for the morphine is common to all systems of treatment. As for bromide medication it is also a part of the Erlenmeyer system, of which I have had the honor to be an exponent in this country, although Erlenmeyer does not give bromide systematically, and as an essential part of routine.

I do not consider myself qualified from experience to criticize what there is *special* in the Brooklyn treatment. I should expect to find difficulty in giving such heroic doses of bromide of sodium. A certain proportion of the patients

would not be able long to continue the treatment without considerable gastrointestinal irritation and other symptoms of bromism. If I were a morphinist, and had made up my mind to quit the habit, I would rather fight it out without these large doses of bromide, which can only stop the terrible hankering for morphine by overwhelming the entire nervous system with a depressing paralyzing empoisonment. It may be that the induction of physiological imbrutement may be the reduction of the suffering of withdrawal to the minimum, but I would prefer myself not to obtain analgesia at such a price. Let no one tell me that an intense bromic depression is no suffering! Moreover, there are urgent indications (as those furnished by collapse, diarrhea, etc.) which bromide cannot meet; and other remedies, such as are in use at all the institutes, will be needed, strychnine which acts on the economy in a manner widely different from bromide will often prove a powerful auxiliary; and the physician will often find it for his advantage to give less of the bromide and more of such little depressing hypnotics as sulphoual and urethan.

In short, I have insisted and still insist that there is no easy and royal road to health and restoration for the poor morphinist, and that to him the words of Virgil will always prove true: "*Facilis descensus Averni, sed revocare gradum, superasque evadere ad auras, Hic labor, hoc opus est.*"

E. P. H

Annotations.

DEPOPULATION OF FRANCE.

FRANCE is turning her attention earnestly to the question of depopulation. At the congress of scientists and political economists just held, the following plan was outlined:—1. A tax is to be imposed on childless men. 2. The land tax is to be diminished with the

birth of each child. 3. The parent is to be allowed to leave the bulk of his property to one son. Under the existing law the land is divided equally among the children. The result has long since been to cut up the land into the smallest tracts capable of supporting a small family. This has caused the garden-like cultivation by which the greatest possible yield has been obtained from the soil; but it has also led to the limitation of the family, as the peasant saw that the limit of soil productiveness, and of subdivision had been reached.

Not long since we spoke of this matter and showed that the law of primogeniture had its advantages, even when carried to an undue extent, as it is in England. With proper limitations it would go far toward obviating the difficulty now being considered in France. If the parent were permitted to leave all his property to one child, provided the amount were not more than a modest competence, but all above this were to be divided, the benefits of primogeniture would be secured without its disadvantages.

RAILWAY SURGERY.

IN the *Railway Age*, Dr. R. Harvey Reed quotes an editorial on Railway Surgery, (see *Times and Register*, July 29, 1893,) and makes the following reply: "Whilst Dr. Waugh has evidently misconstrued some of the statements made in the above address yet we wish to thank him for the criticisms and the space he has given in his journal to the discussion of railway surgery. We do not and did not in the article referred to claim that all spinal injuries are imaginary, but we do hold, that a large majority of the claims brought against railway companies for so-called "spinal injuries" are fraudulent in some respect or another, and it is one of the objects of the various associations of railway surgeons in the United States to study this intricate and perplexing problem, for the purpose, as has been above said in this address, of differentiating between the true and the false spinal injury. We are glad to say that each and every association of railway surgeons in the United States, from the local to the state,

the district and the national is, and we we believe is honestly and earnestly, engaged in studying how to "combat these claims," and by "these claims" we mean the fraudulent claims which Dr. Waugh admits should be combated when he says that "we are as much opposed to mulcting railroad companies for undeserved damages as is Dr. Reed, and the physician who assists in any such plundering schemes shares the moral responsibility of a dishonest action. Then why should he condemn the appointment and maintaining of a surgical staff by each railway company just because they are endeavoring to combat and prevent fraud, which is a laudable and considerable undertaking according to Dr. Waugh's own statement.

"No surgeon is or should be more interested in giving a patient the very best, the very latest and the most scientific treatment for railway injuries that it is possible for him to command, for his own reputation and the interests of the company are at stake as well as the interest and personal comfort of the patient, and to advise as Dr. Waugh does that "that the best thing for the victim to do is to get himself out of the hands of the railway surgeon as quickly as possible and under the custody of a surgeon whose sympathy lies with the patient or who at least is actuated by a desire to see justice done, irrespective of his sympathy," is to offer a delusion and a snare, certainly a delusion on the part of the author and evidently intended as a snare for the patient. If the various associations of railway surgeons were organized for defrauding justice or trampling on the rights and comforts of the unfortunate "victim" then he might be justified in saying that such treatment "is repugnant to the instincts of common humanity and those of the medical profession" and that "the ministrations to the wounded are made by an individual who is simply one of a corps organized for the protection of the company against the patient;" which under no circumstance is the case except when the patient is a malingerer and a fraud who is scheming to obtain money under false pretenses, which has so often been the case, as every one who is connected with a railroad knows.

"We agree with Dr. Waugh when he says 'the only strictly professional ground for the physician is that of the impartial judge,' or rather professional servant, but we do not agree that this position is 'incompatible with the position of a paid employe of the railroads unless under a management more highly enlightened than the average 'soulless corporation.' No more humane treatment and impartial care can be given than is received as a rule by the person injured on a railroad which has adopted and maintains the highest class of surgical service, among which class are some of the best roads in the country. To maintain that because a railway company employs a skillful physician or surgeon to care for its wounded this disqualifies him to give the best of service is just as unreasonable as it would be to claim that because the United States employ a "military surgeon" to look after the wounded in times of war who are liable to become pensioners of the government as the result of injuries he was disqualified to give the best of care to the wounded soldiers and therefore the government should employ civilians wherever they could be found in times of battle, just because they were disinterested. Such reasoning is the extract of absurdity boiled down."

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Bureau of Information,

TIMES AND REGISTER,

1725 ARCH STREET,

Philadelphia, Pa.

RETENTION OF URINE.

I HAVE a patient, a young lady, aged 24 years, weight 140 pounds. Has the appearance of being well-nourished. Five years ago she was sick with what she informed me was pneumonia. The history of this illness was, as I elicited it;

she had cystitis, sore throat, sore mouth, and a rash over her entire body; the hair afterwards falling out.

In the summer of 1892, she suffered from retention of urine, frequently not voiding urine for forty-eight hours. She took no treatment.

The 16th of last June I was called in great haste and found her suffering from complete retention of urine, bowels obstinately constipated, appetite poor, mouth sore, lymphatic glands enlarged, pulse, urine and temperature normal, complaining of nocturnal pain. I catheterized her twice a day for two weeks, when she became able to void her urine unassisted. Three days later I was summoned again, and found a renewal of the retention. At this writing all symptoms have disappeared except the constipation and retention of urine. The bladder is very much enlarged.

At one time, being called out of the county, and notifying my patient of my departure, I was very much surprised on my return, fifty-two hours later, to learn that they had not called another physician, and that she had not voided urine but was suffering no pain. The bladder was enormously distended, and had risen above the pubes.

I have been catheterizing her twice daily, and have tried almost everything in the pharmacopeia, for the retention of urine, both local and general, and have entirely failed.

As my treatment has been a failure, as far as retention of urine is concerned, I will not give it.

At the beginning I instituted specific treatment and am still maintaining it.

If any of my brother physicians will give me some suggestion I will be very grateful.

McA.

STERNAL TENDERNESS AS A SIGN OF SYPHILIS.

[If you can spare the time, please tell me in a few words, what, if any, reliance you place on tenderness of the lower end of the sternum as evidence of specific infections.

In former times, among sailor men, I placed a good deal of faith in it; but in recent years I see cases that stagger me.

For instance: the other day, a lady above 60 years of age, a widow since the war, living in her son's family, all being eminently respectable, presents the following symptoms—occipital pains, extending down the neck and over the shoulders, tenderness of cervical spine, spine of scapula and lower end of sternum—combined with more or less numbness. I see quite a number of cases having the general condition similar to the above. They are generally women, may be old or young, and usually more or less anemic, but do not often combine numbness with the other symptoms, I dare not call them specific.

E. D. P.

[This symptom, like the small round scars on the body, has been given undue importance. That both are evidences of syphilis may be admitted; but that they are never to be found except in specific cases is too wide an assertion. An instance occurred lately, where the scars were relied on, in the absence of all concomitant indications, and of any syphilitic history. The patient was subjected to specific treatment, to his detriment. And yet every scar was accounted for satisfactorily; some by furuncles and others by accident. Just so, while admitting the value of sternal pain as a diagnostic indication, I would not base an opinion upon it without some other support. In anemic women especially, with tender spots along the spine similar sensitiveness may frequently be found at the sternum. If there be any doubt as to the matter, a course of iodide of iron is perhaps the best tentative treatment, with hydriodic acid. The observation made by our correspondent is of considerable importance; as undue faith placed in this symptom, when unsupported, is apt to lead one into therapeutic measures that would do much harm.—W. F. W.]

CONTINUED FEVER.—SALINE TRANSFUSION.

HAVING made an inquiry of you some time since in regard to the treatment of continued fever, and having learned something new, to me at least, I thought I would communicate it to you.

I was using this saline infusion to compensate for the loss of blood, when the high fever followed on with so complete an intermission.

Woman aged 40 years, with fever of a mild grade, continued for two weeks, when it became complicated with intestinal hemorrhage, copious and hard to control with ordinary means, until she was very much reduced; which induced

me to try saline transfusion after Dawbarn's technique. The pulse and temperature at this time was, pulse 108, temperature 102° F. In three hours after using the saline transfusion the pulse was 120, the temperature 105°; in eight hours the pulse and temperature went to normal, and by the free use of quinine, capsicum and opium I broke the fever, the patient getting well. What I wish to say is that the sudden rise of pulse and fever induced me to believe strongly that the saline transfusion will interrupt a continued fever, and when that is done, it is no trouble to break it. I still think the continued fever of the south-west is malarial, from the fact that these fevers running four and five weeks eventually become periodical.

M. M. GILBERT, M.D.

MESA, ARIZ.

INSULAR SCLEROSIS.

WITH fears that I can get little or no help in the following case, yet I ask your opinion as to diagnosis and treatment.

Man, aged 57 years; farmer, hard worker for many years, father of a dozen children. Four years ago this month, while walking to his work after dinner, he was suddenly attacked in the right leg with motor paralysis, and numbness and stinging in leg, heel interfered, and leg unwieldy. There is no loss of sensation, little or no atrophy, no bowel nor bladder complications at any time.

In three months after the attack the leg began to shake. In one year the arm on the same side began with a like tremor, and both have continued ever since, with a gradual augmentation of the tremor, and very marked weakness in these limbs. There is decided anemia. He walks at will, but the flexor muscles do not obey volition, even so well as the extensors.

I have diagnosed insular sclerosis. Am I correct? After the first application of the galvanism to the sympathetic ganglia and spine (anode to these parts), the tremor which was constant before was almost absent from the arm and quite so from the leg, until he made

voluntary efforts; and he rested decidedly better the following night.

TRUMAN COATES, M.D.

[The diagnosis is doubtless correct. In the present stage of the disease it is questionable if any treatment will be more than palliative, though the best results will attend either the application of powerful galvanic currents to the center and periphery by means of large well soaped absorbent cotton pads, the anode to center, or preferably by the use of static sparks to the parts daily. The prognosis as to cure is gloomy in all centric disorders accompanied by tremor.—G. B. M.]

PNEUMONIC PHTHISIS.

I WRITE to you to learn the latest and best treatment for tuberculosis. My daughter, nineteen years of age, had an attack of catarrhal inflammation of the lungs. This was four months ago. I was in Chicago at the time. Her attending physician tells me her temperature ran very high and her breathing was difficult; a hard and excessive cough with a copious, purulent expectoration. He put her on the following treatment: creasote, terraline, hypophosphites. The cough and expectoration rapidly subsided, and at present she has no cough nor expectoration; and there has been much improvement in her case. She is not emaciated, but has regained her normal weight and strength. The most suspicious symptom of tuberculosis is a persistent evening alteration of temperature, though it does not reach one hundred. The temperature still persists after a thorough saturation with antipyretics. The antipyretic treatment has been so efficiently carried out that all the malaria has been eliminated from the case. I am giving her U. S. P. hypophosphites, terraline, beech-wood, creasote. She takes fifteen drops of creasote three times a day. Please give me your opinion in regard to the proper treatment for her case, and confer a great favor on

F. M. B.

[Unless bacillus tuberculosis is found in the sputum, I would substitute the iodide of iron for creasote. Anyway, give cod liver oil instead of terraline. If the latter be, as purported, a petroleum product, it is utterly inert as a nutriment: the fat of the petroleum not being assimilable: while if it contains an organic fat, none is as good as cod-liver oil. Scott's emulsion often seems to work wonders in these cases. I would continue the other treatment. Feed well, counter-irritate

chest with iodine, and send her to San Antonio, Southern Pines or Denver. It looks like a chronic interstitial pneumonia, and if so, the chances of cure are very good; especially with a father as physician to watch the little points occurring in the course of the disease.—W. F. W.]

SEVERE INJURY OCCURRING DURING SLEEP, CAUSE UN- KNOWN.—CYCLING

ON Thursday, July 6th, a boy of sixteen was brought to my office, feeling very sick and faint, and complaining of pain in one arm, shoulder and the chest on that side. Upon examination I found his arm, shoulder and the corresponding side of his chest very much discolored. There were small ecchymosed patches and large, deep, black and blue spots, which did not fade upon pressure. He said he found himself in that condition as soon as he awoke the morning after the fourth, and had been getting worse ever since; that he had received no injury of any kind and had drank nothing intoxicating on the fourth. I told them I was perfectly ignorant of what caused his trouble, and gave him some Dover's powders, as he was complaining of the pain.

They took him to his home near Wellsboro, Pa., and called Dr. Webb, of that place, who made a diagnosis similar to the one I gave. The patient died July 8th, and a few days later the man that brought him to my office came and told me what he thought caused the trouble. The boy had been suffering a long time from boils, he said, and was advised to take lead as a sure cure. He extracted some balls from cartridges and chopped them up, all green from the copper of the shells, and swallowed them. This was a few days before he first complained as described above. Now I would be glad if our talented editor or some other member of the Bureau would give a diagnosis of this case. Was it blood poisoning, or some form of purpura?

I would like to say something about cycling. A wheel that sells now must be very light, the brake and all superfluous appliances that weigh a drachm must be left off; it must be high geared with high seat and low handle bar. That is the model bicycle of to-day. Such a wheel is unsafe to coast upon, so

much so that coasting is out of fashion. To ride one of these bicycles, one must get a big hump on his back and assume a very uncomfortable position.

I have an 1893 Columbia, model 32, and have the handle bars high, so that I can sit perfectly erect, in the most natural position; and I am not exaggerating when I say that it tires me more to ride twenty miles in a carriage than it does to ride my wheel that distance. No one but a wheelman knows with what ease one can glide along at a rapid pace.

My advice is, to never ride a wheel that you cannot sit erect upon, and always avoid too violent or prolonged exercise. It promotes deep breathing better than climbing hills. Now if they avoid chills, why should not consumptives ride?

JAS. T. HURD, M. D.

GALETON, PA.

[Such symptoms of local injury could not be attributed to either lead or copper directly. If your patient has been strictly truthful and told the whole of the truth, I would attribute the injury to an attack of nocturnal epilepsy, with a fall. It is a pity a post-mortem examination was not made; especially as there is possibly a crime underlying this singular affair.—W. F. W.]

LEG-ULCER.

MY son, aged ten years, fell off a pair of stilts and had a small scratch, which developed into a sore, six weeks ago. The sore is over the gastrocnemius muscle. I have given iodoform and locally use aristol. I now have him on iodia and am using iodide. I have sent him to the mountains and hear the leg is worse. The ulcer is about the size of a silver dollar; not deep seated. I would take it as a great favor if you will advise me, as I am anxious to get him well, so that I can take him to Chicago.

He had more or less malaria and the least scratch would fester. Hereditary history good.

W. D. T.

[That healing does not recover under such well-selected local treatment can only be because the boy's health is below par. Give him iron, quinine, wine, cod-liver oil, good nutritious food, and digestants; all in old fashioned "allopathic" doses. Inject ten drops of bovine at six spots around the ulcer, about an inch from the margin, with the strictest antiseptics. Wash the ulcer with dilute chlorinated soda solution, dry carefully, and powder with bismuth. Then strap the leg, so as to support the margins of the ulcer, and keep the boy at rest.—W. F. W.]

SHOULD A DOCTOR TREAT HIS OWN WIFE.

WILL Dr. Waugh kindly advise me whether it is the custom, when a physician's wife is confined, to call a brother physician, or does the doctor attend his own wife?

J. C. E.

[In some states the law forbids the physician attending his own family. It should be so in all. The personal interest of the physician unhinges his judgment, and leads him into vacillating and changeable ways of treatment, and disaster is likely to result.—W. F. W.]

GRAVEL.

I HAVE a persistent case of gravel on my hands. I would be pleased to have you to give me your treatment for gravel.

[Let the patient drink freely of a mild lithia water. I prefer the Elkton, as I know personally of cases cured by it.—W. F. W.]

THE TREATMENT OF THE MORPHINE DISEASE.

TO any who may desire it. I shall take pleasure in sending a paper, giving in full detail a method of treating morphinism, that is simple, satisfactory and successful; and far in advance of any mode yet presented to accomplish the cardinal objects, minimum duration of treatment and maximum freedom from pain.

J. B. MATTISON,

Medical Director, Brooklyn Home for Habitues.

The Medical Digest.

PETROLEUM AS A CURE FOR DIPHTHERIA.

It is reported that Dr. Flahaut, a physician practising at Rouen, has met with great success in the treatment of diphtheria by means of petroleum. Out of seventy cases attended by him since last winter he treated thirty with the ordinary remedies, with nine deaths. The remaining forty were treated with petroleum, and there was not a single death. Dr. Flahaut is convinced that painting with petroleum has a particularly efficacious result upon the membranes; it is easy of application, and it is not attended by

danger. The Medical Society at Rouen it is said supports this view, and considers the discovery to be one of the greatest importance.—*Med. Press.*

A MODIFIED CANNON-BALL TREATMENT OF OBESITY.

Dr. Felkin, of Edinburg, uses an India rubber ball, three and one-half inches in diameter, almost filled with five and three-quarter pounds of shot, in the treatment of chronic constipation, anemia, and obesity. The patients are instructed to roll the ball from right to left round the abdomen for five or ten minutes night and morning. One of his patients had lost ten inches in girth after five months' regular use of it. A rather smaller ball, with a less quantity of shot, he finds very useful in inducing a regular action of the bowels in young girls, who so frequently suffer from habitual constipation; this plan obviated the need for constant dosing.—*Med. Record.*

THE CONGRESS ON TUBERCULOSIS.

M. Armaingaud related the results obtained by the "League for the Prevention of Phthisis and other Forms of Tuberculosis." Its object was to popularise the instructions recommended by the Congress by conferences given not only by medical men, but by teachers of both sexes in the schools throughout the country, and the free distribution of printed instructions on the same subject. Professor Verneuil presided at the conferences given in Paris, others were given in the large towns by some members of the hospital staff, while those in the country districts were mainly given by the school teachers, who acquitted themselves very creditably. The speaker proposed that the 75,000 teachers in France be invited to join the League, as their help would have a great influence in spreading amongst the public elementary notions of the danger of consumption which is spreading havoc in the country. Another speaker thought that it would be necessary to institute an inquiry as to the sanitary condition of all the third-rate hotels and boarding houses in the cities, and expressed his regret that the Sanitary Committee did not include tuberculosis in the list of contagious diseases, the notification of which

will be obligatory on and after the 1st December of the present year.

M. Petit drew attention to the danger resulting from the promiscuous assembling of consumptive patients in the wards of the hospitals. Special wards should be built for them, as they form about one-third and even the half of the total number of patients in treatment. The Assistance Publique decided on creating a special hospital for this malady, and he hoped it would be built in some country district, that the wards would be small but numerous, and that patients in the third stage would not be in relation with those in the initial stage.

M. Hayem regretted that the hospitals only received tuberculous patients when all chance of a cure was gone, unlike what is met with in private practice, where, the affection, being discovered at an early period, can be treated with some hope of success.

M. Arthaud said that the prognosis of tuberculosis was a very delicate subject. Two great factors should be considered organic denutrition on the one hand and the extent of the lung mischief on the other. The first is discovered by the weight of the individual. In general a consumptive patient who has lost a third of his weight is in great danger. The extent of the pulmonary lesions will be easily recognised by auscultation, percussion, and the state of the pulse. This latter never reaches 100, 110, 120 in the minute unless when the lung is greatly damaged; a pulse of 120 signifies the total loss of the lung.

M. Weill gave an account of the results of his experiments with guaiacol in subcutaneous injections, and which were on the whole satisfactory. By means of an ordinary Pravaz syringe he injects a solution composed of equal parts of sweet almond oil and guaiacol. A quarter of a syringe is injected at first, but two, four, six and eight syringes are injected daily after a short time. He treated thus 82 patients: 62 were considerably improved; 27 of these latter may be considered as cured.

At the close of the Congress the secretary put to the meeting several propositions on the part of members present, amongst which the following received the sanction of the Congress:—

1. That butcher's meat should not be delivered for consumption unless it was verified by the sanitary inspector.

2. That the public schools should be furnished with a sufficient number of spittoons, so that the children should not spit on the floor. Instructions should be given to the teachers to that effect. It may be here stated that by order of the Prefect of Police a notice has been posted up in every omnibus in Paris forbidding to spit on the floor of the vehicle.

3. That every animal presented at an agricultural show should be previously submitted to the tuberculin test.

4. That the heads of the different Faculties should invite the school teachers to help in the propagation of the prescriptions against the contagion of consumption.

5. That the bodies of those who die from phthisis should be disinfected before being interred.

6. That phthisical patients be received into special hospitals, and not be allowed to mix with other patients.

7. That an apparatus destined to sterilise all suspected meat should be placed in every slaughter-house, so that it could be used without danger.

Before separating, the Congress decided to hold its next meeting in 1896.

—*Med. Press and Circular.*

SYPHILOPHOBIA.

A gentleman, who had been living for some years in one of the colonies, contracted a crop of sores which developed quickly and disappeared quickly. He was assured by competent medical authority that he was not syphilised. Chance, however, threw into his way a work on syphilis which he read, and, being of an impressionable temperament, he became the victim of constant anxiety as to his own state. Unfortunately, about this time he developed a palmar eczema and, although he was assured the complaint was not specific, he could not get rid of the illusion that it was so. He visited spas, he consulted specialists in almost every European country. When he came to my room it was pitiable to see how he had seen his own organisms through visionary syphilitic spectacles. The papillæ circumvallatæ,

some old worm eaten tonsils, the sebaceous glands in his penis, and an alopecia precix. All these were to him syphilitic manifestations. He also alluded to his hands and said they were getting thin (a common complaint of hypochondriacs). A careful examination was made without discovering a scintilla of evidence to justify his terror. Curiously, he seemed annoyed when told the result of the examination; and almost besought me to treat him.

This is an instance of a considerable number who become a prey to the fear of syphilis. Our experience has been that nothing dispels that rooted idea that their blood is infected; it is a delusion and it is a permanent one. We have seen cases in which men have drenched their bodies with iodide of potassium for months in succession, and the very acne which the iodide has produced has been to them proof of their condition.

These two cases are linked together because they constitute a large class which are most embarrassing and most difficult to deal with, and why? Because we are attempting that most difficult of all tasks—ministering to a mind diseased. These poor creatures wander through the world haunted night and day by their spectre. We cannot close the sexual book any more than we can go to the knocking heart and say "be still." So let us face the problem and say to the sexual monomaniac "Nature has built you on such a plan, that the secretion of semen is as much a law of nature as is the ebb and flow of the tide, that sexual intercourse and sexual intercourse alone will put your sexual organs at rest and give them natural healthy satisfaction. It is certainly not my desire to condone any infringement of the ten commandments. All those who see anything of venereal disease must be deeply impressed by the hideous deformities, the stunted development, and often the death of those who acquire syphilis, or of those who inherit it, and without taking any other than the ground of expediency, we must not advocate promiscuous sexual intercourse, and can any man say he has ever known a case of sexual hypochondriasis which

has benefited by any gratification except that which follows lawful marriage?

It is always distasteful to deal with the sexual aspect of our profession. Too often has it been left to the quack and the money grabber; to often is it treated by the dramatist and the author, who simply drag before a curious public a matter which ought to be discussed with caution and care, and discussed by those best able to deal with it.

—T. Robinson, *Med. Press.*

SALOPHEN.

Dr. Robert Gerhardt (Inaug. Dissert. Jena. 1893) after giving a description of salophen which chemically consists of 50.9 per cent. salicylic acid and 49.1 per cent. acetyl paramidophenol, refers to its insolubility in water, tastelessness and the fact that it is again reduced to its two component factors by the action of the pancreatic and intestinal secretions. If given in large quantities, the unaltered salophen is excreted with the feces and by the skin, where its presence in small crystals has been demonstrated. As regards its medicinal action, the joint experiences of Guttman, Fröhlich, Hitschmann, and Koch tend to show that in acute rheumatism it is equal to salicylic acid, and preferable on account of its tastelessness. The author watched its action in 16 consecutive cases, and noticed a decided effect when given in quantities of 1 to 1½ drachms daily and in acute cases; on the other hand, relapses and rheumatism in fresh joints supervened frequently, but these generally again yielded to the fresh use of the drug. The possibility of endocarditis is not excluded by its use. The advantages were its absolute harmlessness and the absence of excessive perspirations or tinnitus. It was well borne by the stomach, causing neither sickness nor loss of appetite. Less efficacious it was found to be in cases of some weeks' standing, and in chronic cases it was no more successful than other drugs. Salophen, is therefore, particularly indicated when gastric sensitiveness is present; when other drugs have failed; or when, as in children and others the use of salicin, etc., is contra-indicated on account of its unpleasant taste.

—*British Medical Journal*, July 1, 1893.

THE USE OF DISINFECTANTS.

War Department, Surgeon General's Office.

Washington, August 9th, 1893.

Requisitions received from time to time indicate that certain medical officers of the army are not well informed with reference to the use of disinfectants.

It may be the meaning of A. R. 1656 and of paragraph 36 of the Supply Table has been misunderstood.

A. R. 1656. "Carbolic acid, chloride of lime, sulphate of iron, corrosive chloride of mercury, solution of chlorinated soda, and other articles required as antiseptics or disinfectants in hospitals, and for general use at military posts, will be issued by the Medical Department upon the requisition of the medical officer."

Standard Supply Table, paragraph 36. "Disinfectants for general post sanitation will be issued by the medical department upon the annual requisition."

The mistaken idea that disinfectants are required "for general post sanitation" in the absence of any infectious material to be destroyed seems to be very common among officers and non-commissioned officers of the army, and should not receive support from officers of the Medical Department.

The definition of a disinfectant adopted by the Committee on Disinfectants of the American Public Health Association in 1885 has now been generally accepted by well informed sanitarians. This is as follows:

"The object of disinfection is to prevent the extension of infectious diseases by destroying the specific infectious material which gives rise to them. This is accomplished by the use of disinfectants.

"There can be no partial disinfection of such material, either its infecting power is destroyed, or it is not. In the latter case there is a failure to disinfect. *Nor can there be any disinfection in the absence of infectious material.*

"Antiseptic agents also exercise a restraining influence upon the development of disease germs, and their use during epidemics is to be recommended when masses of organic material in the vicinity of human habitations cannot be com-

pletely destroyed, or removed, or disinfected."

At the conclusion of the Lomb prize essay, published by the American Public Health Association in 1885, the following propositions are formulated:

Disinfection consists in extinguishing the spark, killing the germ which may light up an epidemic in the presence of a supply of combustible material—filth.

"The object of *general sanitary police* is to remove this combustible material out of the way, so that no harm may result even if the spark be introduced.

"*Antiseptics and deodorants* are useful when it is impracticable to remove offensive organic material from the vicinity of human habitations, but they are a poor substitute for cleanliness."

Chloride of lime, carbolic acid, and mercuric chloride, are issued by the Medical Department for use as disinfectants, properly so called. A solution containing 4 per cent. of good chloride of lime, or 5 per cent. of carbolic acid, is suitable for disinfecting the excreta of patients with cholera or typhoid fever, or the sputa of patients suffering from diphtheria, scarlet fever, or tuberculosis. The floors, furniture, etc., in rooms occupied by patients suffering from an infectious disease may be washed with a 2 per cent. solution of carbolic acid, or with a solution of mercuric chloride of 1:1000. Soiled bed linen, underclothing, etc., used by such patients should be immersed in one of the above mentioned solutions before it is sent to the laundry. *But in the absence of any infectious disease, these disinfecting agents are not required, and their expenditure for purposes of general post sanitation is not authorized.*

Sulphate of iron and other cheap antiseptics and deodorants may be used when necessary. But the necessity for their use is a reproach upon the sanitary police of a post and should only be required under exceptional circumstances.

The alvine discharges of healthy persons do not require disinfection, and when properly disposed of do not require treatment with any chemical agent whatever. If water-closets or earth-closets are offensive this is due to faulty construction, to insufficient supply of water or dry earth, or to neglect of ordinary cleanliness. The attempt to remedy such de-

fects by the systematic use of antiseptics is expensive and unsatisfactory in its results.

The same is true of foul drains, bad-smelling urinals, accumulations of garbage, etc. The proper remedy for such conditions is cleanliness and strict sanitary police.

When accumulations of organic material undergoing decomposition can not be removed or buried, they may be treated with an antiseptic solution or with freshly burned quicklime. Quicklime is also a valuable disinfectant and may be substituted for the more expensive chloride of lime for disinfection of typhoid and cholera excreta, etc. For this purpose freshly prepared "milk of lime" should be used, containing about one part by weight of hydrate of lime to eight of water.

During the prevalence of an epidemic, or when there is reason to believe that infectious material has been introduced from any source, latrines and cesspools may be treated with milk of lime in the proportion of five parts to one hundred parts of the contents of the vault, and the daily addition of ten parts for one hundred parts of daily increment of feces.

While the feces of healthy individuals in privy vaults or on the surface of the soil are innocuous, it is well known that epidemics of cholera, typhoid fever, and camp diarrhea are usually due to the contamination of drinking water or food by microorganisms contained in the excreta of persons suffering from these diseases. This may occur as the result of direct contamination of the water supply, and probably, also, by the transfer of infectious material to the surface of meats, milk, and other articles of food by flies which have recently been in contact with infectious excreta. This source of infection has not heretofore received proper consideration, and the probability of its occurring when the feces of patients suffering from the diseases mentioned are deposited upon the surface of the ground, or in open privy vaults, calls for extreme care, especially during times of actual or threatened epidemic. In camp, where it is necessary to use open pits as latrines, dry earth, quicklime, or wood ashes should be fre-

quently thrown upon the surface of fecal accumulations.

All known disease germs are destroyed by the temperature of boiling water, maintained for a few minutes. This being the case the destruction of articles of clothing which can be subjected to the action of boiling water or of live steam without material injury is unjustifiable. *Exposure to steam under considerable pressure, or to superheated steam, which requires a specially constructed steam chamber, is an unnecessary exaction, free exposure to flowing steam for one hour being sufficient to secure disinfection.* But this applies only to articles which can be freely exposed in a steam chamber, and not to mattresses, pillows, bundles of clothing, etc. As a rule immersion in boiling water for half an hour will be the most convenient and most economical method for disinfecting articles of clothing, bed linen, blankets, etc.

When hair mattresses and pillows need disinfection it will be necessary to open them up, either before or after immersing them in boiling water or in a disinfecting solution, in order that the hair may subsequently be thoroughly dried. When this is done, the fact will be reported to the medical director of the department, and instructions will be given as to the disposition of the material.

When of little value, or in the absence of proper facilities for disinfection, mattresses, pillows and clothing may be destroyed in compliance with A. R. 1625; but the destruction of articles which can be disinfected without material injury by immersion in boiling water or a disinfecting solution is not authorized.

GEO. M. STERNBERG,

Surgeon General U. S. Army.

PIPERAZIN.

Biesenthal said that the surprising results of the treatment of gout by piperazin had led him to a further study of the effects of the drugs, not only as regarded the pathology of a number of other affections, but in its abstract chemical relations. His expectations had been fulfilled. Since October last he had carried out a series of investigations in the Charité under the guidance of Professor Salkowski, and he had obtained

proof that when piperazine was given no deposit of the uric acid took place in the system, that uric acid already deposited was at once removed, and he had further attempted to determine the behaviour of the drug in the presence of lithium carbonate, borax and sodium phosphate, as these before the advent of piperazine were the only remedies relied on for the removal of uric acid. Meissel had published experiments in this direction and the speaker's results were essentially the same as Meissel's. The deposit of urates was most certainly affected by Ebstein's method. The animals experimented on were fowls and pigeons. Injections of chromate of potash were used for producing the deposit. The injection failed to produce the disease in 7 per cent. of the cases. In 80 per cent. of the birds no deposit of urates took place when the chromate and piperazine were given together. When the chromate was given subcutaneously and the piperazine in pill, the chromate often caused death before the piperazine had time to act. Seventeen pigeons were treated with the chromate and piperazine subcutaneously, in 14 of them, or 82 per cent. no deposit took place. Six pigeons were treated with chromate and lithium carbonate, and in all deposits of urates took place. Three pigeons were treated with the chromate and borax, and in all copious deposits of urates were found. The speaker then showed pigeons and hens dissected which had been treated on the one hand by the chromate alone, and on the other with the chromate and piperazine together; they all confirmed his statements. He further showed that piperazine did not cause albuminuria, as had been stated by Rohrig.

He summed up with the following conclusion:—

1. Piperazine is perfectly harmless.
2. In birds deposits of urates can almost with certainty be produced by neutral chromate of potash.
3. In the majority of cases piperazine prevents the deposition of urates produced by the chromate, whilst lithium carbonate, borax and sodium phosphate are powerless to prevent it.

The experiments on the chemical relations of the crop, stomach, liver tissue,

blood and viscera confirmed these conclusions. They also confirmed the results met with in the treatment of the uric acid diathesis by piperazine.

—*Med Press.*

ALCOHOLIC NEURITIS.

In *Deutsches Archiv. f. Klin. Med. Bd.* 50, Dr. O. Reunert has an article on this subject based on the observation of twenty-five cases, about three per cent. of the total of alcoholic cases treated. An autopsy was made in five cases. Four groups of cases were represented: (1) Typical polyneuritis, thirteen cases; (2) Localised muscle paresis and atrophy, four cases; (3) Slighter forms without pronounced paralysis and atrophy with disturbances of sensibility, sensation of pressure on nerves and muscles, or anomalies affecting the reflexes, six cases; (4) Cases with marked participation of the ocular muscles.

The complaints in the commencement of the disease were rheumatic pains, heaviness and stiffness of the limbs, generally in the lower first, but twice affecting the upper extremities, increasing weakness, pains in the calves of the legs, muscæ before the eyes, and over diplopia. Pains were only to be considered as pathognomonic of the disease when associated with a feeling of pressure on the nerve trunks, and of the muscles. These symptoms assumed greater importance when anomalies of the reflexes, especially the patellar, are also present. Disturbances of sensibility in the form of hyperalgesia which frequently accompanied chronic alcoholism not characteristic of neuritis. About thirty-three per cent. were delirious, or became so shortly after admission. During the course of the disease or at its commencement, psychical disturbances were very frequent (feebleness of intellect, restlessness, sleeplessness, dementia, hallucinations, and imbecility). These only continued till death in two cases. Rapid improvement of excessive psychical disturbance with the character of dementia were in favor of the disease being alcoholic in its nature.

One of the most frequent complications was tuberculosis. Alcohol and tuberculosis were apparently common causes of nerve degeneration. The prog-

nosis of alcoholic neuritis, not in itself unfavorable, was rendered almost lethal by tuberculosis. Amongst the nervous symptoms ataxia was to be named first.

The electrical behavior was very varied, sometimes quite normal, and at other times atrophy of muscles accompanied distinct diminution of electrical reaction. Sometimes this was absent altogether, as was that of degeneration. As regarded disturbance of sensibility, the mildest forms were almost exclusively of a neuralgic character. In combined alcoholic and tubercular disease sharp pains were generally present. Hyperalgesia of the skin was very rare. The tendon reflexes were generally weak or absent altogether. In convalescence the patellar reflex returned slowly. Exaggeration of it was observed by Strümpell and Möbius. The cerebral nerves might be diseased. A relatively large number of neuritics suffered from disturbances of vision. As vaso-motor disturbances, the author observed a tendency to sweating and oedema. Temporary cyanosis came on into two cases. Bowel or bladder troubles were generally absent or fugitive. As regarded the anatomical condition, the author confirms the opinion of Strümpell as to the simultaneous commencement of both central and peripheral changes. As regards this, Dr. Westphal gives a report of an autopsy of a case in the "Charité Annalen."

The patient, a man, æt. 28, who drank to excess, showed atrophic paralysis of the extremities, disturbances of sensation, oedema, marked deposits of fat, occasional fever and dementia. These symptoms gradually improved. Five years after the commencement of the disease the patient died of phlegmon of the perinæum. The autopsy showed slight poliomyelitis anterior chronica, with participation of Clark's columns, advanced parenchymatous degenerative neuritis resembling that described by Erb of progressive muscular dystrophica.

The anterior roots of the spinal cord were intact.—*Med. Press.*

GONORRHEAL FEVER IN PARTURITION.

Dr. Leopold has pointed out that this form of fever often occurs in females after confinement, and can easily be mistaken

for puerperal fever. He has estimated that from 1 to 2 per cent. of puerperal cases recorded are due to this condition alone. He advanced a great amount of testimony to sustain his argument, and relates, for example, a young woman, æt. 18, operative, who after seventeen hours was confined of a healthy child without any untoward symptoms on the 1st of May. There was no rupture of the perineum, nor any reason to suppose poisoning or detention of threads, while antiseptic washing was carried out. On the 3rd of May the temperature was 37.8, and pulse 100, lochia offensive; the vagina washed out with a sublimate solution—1 in 4,000. On the 4th, temperature 38.6, pulse 113, washing repeated; 5th, temperature 38.2, pulse 116, with headache. On examining per vagina, both sides were covered with a gray deposit. On the right was observed a slight tear in the neck of uterus as well as both sides of the os, which were also covered with a gangrenous coat. From these different points microscopical preparations were made with platinum wire that had been through flame. The parts were then well douched with a five per cent. carbolic solution. From that time forth, the fever rapidly fell until the 8th.

In all the preparations taken from the vagina no streptococci could be found, while large numbers of diplococci associated with the typical gonorrheal cocci and pus cells were present in swarms, leaving no doubt of the gonorrheal character of the febrile ulceration. On the 15th the deposit on the vaginal surface had quite disappeared; in the microscopic preparations only a few vaginal bacilli and pus corpuscles were present, while not a single gonococcus could be seen. We may thus conclude that fever can and does arise during the puerperal state, that this fever may arise from gonococci, that after the removal of these specific germs the fever subsides, that the patient may microscopically show these germs in the vagina before, during and after the confinement, without any apparent disturbance till the fourth day is reached; we may also infer that the patient is auto-infectious, although she must have been infected before confinement. In private practice these facts ought to be seriously borne in mind, as

many innocent midwives, who have used every antiseptic precaution may be culpably implicated in such cases, where no blame ought to rest; where every external precaution has been faithfully used and an unaccountable fever arises, the practitioner should lose no time in examining the secretions for gonorrheal cocci, which are probably the real source of the unexpected endometritis.

—*Med Press.*

News.

THE BOYER BILL.

As many of our readers are interested in the fraternal orders, we present herewith the full text of the Boyer Bill, under which these orders are now to be ranged:

AN ACT

Regulating the organization and incorporation of secret fraternal beneficial societies, orders or associations and protecting the rights of members therein.

WHEREAS Fraternal beneficial societies, orders or associations have for many years been in existence in this Commonwealth,

AND WHEREAS, The said societies when properly managed are beneficial to the laboring and business classes, but by reason of there being no statutory provisions regulating the conduct of their affairs, the citizens of this Commonwealth are unprotected from fraudulent schemes and plans and from the mismanagement of officers and promoters of such societies, orders and associations now therefore:

SECTION 1 *Be it enacted by the Senate and House of Representatives of the Commonwealth of Pennsylvania in General Assembly met, and it is hereby enacted by the authority of the same* That from and after the passage of this act any fifteen or more persons, nine of whom shall be citizens and residents of this Commonwealth, having associated themselves as a secret fraternal beneficial society, order or association, may be incorporated under the provisions of this act and when so incorporated the said corporation shall have the following powers.

GENERAL POWERS.

First. To have succession by its corporate name perpetually subject to the power of the General Assembly under the Constitution of this Commonwealth.

Second. To maintain and defend judicial proceedings.

Third. To make and use a common seal and alter the same at pleasure.

Fourth. To be capable of taking, receiving, purchasing, holding and transferring real and personal property for the purpose of its incorporation and for no other purpose.

Fifth. To elect, appoint and remove the officers and agents for the management of its business and carrying out of its objects, and to allow them a suitable compensation.

Sixth. To make a constitution and general laws for the management of its affairs not inconsistent with the Constitution and laws of this State and to alter and amend the same when necessary. When so made, altered or amended the said constitution and general laws shall be the law governing such society, order or association and its officers subordinate lodges, councils or bodies and the members in their relations to such society, order or association in all their acts.

Seventh. To provide in the constitution and general laws for the payment to its members of sick, disability or death claims in such amounts as may be authorized and directed by said constitution and general laws. And also to provide for the payment in not less than five years to members whose beneficiary or distribution period may then expire, of such sum not exceeding the maximum amount named in the beneficiary certificates as the constitution and general laws in force at the expiration of said period may authorize and direct.

Eighth. To collect from its members by admission fees, dues and assessments the funds necessary to carry on its operations, and provide for the payment of its benefits, which assessments shall be made in manner and form as provided by its constitution and general laws.

Ninth. To carry on its operations through supreme and subordinate bodies or lodges, and to issue beneficiary or relief certificates in accordance with its constitution and general laws.

Tenth. To enter into any obligation necessary for the transaction of its affairs.

SECTION 2. The charter of such intended corporation must be subscribed by five or more persons, citizens of this Commonwealth, and shall set forth:

First. The name of the corporation.

Second. The purpose for which it is formed.

Third. The place where its principal office is to be located.

Fourth. The names and residences of the subscribers.

Fifth. The number and names of its officers with the term or terms of years for which they have been chosen, and also the names of not less than six directors, managers or members of an executive committee, who, together with the president of the society, order or association shall form a board of directors, managers or executive committee with the term or terms of years for which each is to serve.

NOTICE TO BE GIVEN.

SECTION 3. Notice of the intention to apply for any such charter shall be inserted in two newspapers of general circulation printed in the proper county for three weeks, setting forth briefly the character and object of the corporation to be formed and the intention to make application therefor.

CERTIFICATES.

SECTION 4. The said certificates of incorporation shall be acknowledged by at least five of those who subscribed to them before any officer authorized to take the acknowledgments of deeds in the Commonwealth of Pennsylvania, to be their act and deed and the same, being duly certified under the hand and official seal of the said officer, shall be presented to a law judge of the county in which the principal office of the corporation is located accompanied by proof of the publication of the notice of such application, who is hereby authorized to peruse and examine said instrument, and if the same shall be found to be in the proper form, and within the purposes named in this act, he shall endorse thereon these facts, and shall order and decree thereon that the charter is approved and that upon the recording of

the said charter and order the subscribers thereto and their associates shall be a corporation for the purposes, and upon the terms therein stated; and said order and charter shall be recorded in the office for the recording of deeds in and for the county aforesaid, and from thenceforth the persons named therein and subscribing the same and their associates and successors shall be a corporation by the name therein given. No such corporation, however, shall engage in business until at least twenty-five persons have subscribed in writing to be beneficiary members therein in the aggregate amount of at least five thousand dollars, and have each paid in one full assessment in cash amounting in the aggregate to at least one per centum of the amount in which they are beneficiary; nor until a certificate signed and sworn to by three of the highest officers of the corporation has been filed with the Insurance Commissioner stating that the requirements of this section have been complied with.

ANNUAL REPORTS.

SECTION 5. Every such fraternal society, order or association, incorporated under or accepting the provisions of this act, shall on or before the first day of March of each year, make and file with the Insurance Commissioner a report of its affairs and operations during the year ending on the thirty-first day of December immediately preceding; such report shall be upon blank forms to be provided by the Insurance Commissioner, and shall be verified under oath by the duly authorized officers of such society, order or association and shall be in lieu of all other reports required by any other law, the said report shall contain answers to the following questions:

First. Number of members admitted during the year and number of beneficiary certificates issued.

Second. Amount of benefits named in said certificates.

Third. Number of benefit liabilities incurred during the year.

Fourth. Number of benefit liabilities paid during the year.

Fifth. The amount received from each assessment during the year and the number of assessments levied.

Sixth. Total amount paid members beneficiaries, legal representatives or heirs.

Seventh. Number and kinds of claims compromised or resisted and brief statement of reasons.

Eighth. Does the corporation charge annual or other periodical dues or admission fees.

Ninth. Total amount of salaries paid to officers.

Tenth. Has the society a reserve fund.

Eleventh. If so, how is it created, and for what purpose, the amount thereof, and how invested.

Twelfth. If the custody and investment of said reserve fund is entrusted to any trust companies or corporations in the Commonwealth of Pennsylvania state the name of said corporation or corporations, the capital stock of the same, the amount of capital stock paid in the surplus, if any, and the place of business of said corporation or corporations.

Thirteenth. If the custody and investment of said reserve fund is entrusted to any of the officers of the said secret fraternal beneficial society give the names and residences of the said officers, the names and residences of their sureties, the amount of their bonds, and the place or person with whom the said bonds are deposited.

Fourteenth. State the amount of said reserve fund.

Fifteenth. Number of certificates of membership lapsed during the year.

Sixteenth. Number in force at beginning and end of year.

Seventeenth. Date of organization and incorporation and county where incorporated.

All such societies, orders or associations, together with their books, papers and vouchers, shall be subject to visitation and inspection by the Insurance Commissioner or such person or persons as he may at any time designate. Any such society order or association refusing or neglecting to make such report to the Insurance Commissioner may, upon the suit of the Commonwealth, be enjoined by

the court of common pleas of Dauphin county from carrying on any business until such report shall be made.

SECTION 6. Every officer of any corporation accepting the provisions of, or doing business under this act shall give bond with sufficient surety for the faithful performance of his duties, and the safe custody of the moneys and securities and other property which may be in his possession and control, which bond shall be for such amount as the board of directors, managers, executive committee or supreme governing body may require, *Provided however*, That when the reserve funds of any corporation organized hereunder or accepting the provisions hereof, are deposited for investment with any trust companies or financial corporations chartered by the Commonwealth of Pennsylvania, the officers of said corporation so depositing its reserve funds need not be bonded for any of the moneys or securities in the custody or possession of said trust companies or financial corporations. The Insurance Commissioner shall have power and authority at all times to examine said bonds at the place of business of the corporation and there to inquire of and receive answers from the officers of the corporation as to their knowledge of the financial standing of the surety or sureties on any of said bonds.

SECTION 7. Any beneficial society order or association heretofore incorporated under any act of the General Assembly of the Commonwealth of Pennsylvania for beneficial or protective purposes to its members from funds collected therein and which has been carrying on the operations of a secret fraternal society, order or association and any unincorporated society, order or association which has been carrying on said operations shall have and enjoy the rights and privileges conferred by this act upon filing with the Insurance Commissioner a certificate or declaration signed by its supreme officers accepting the provisions of this act and agreeing to abide by all the requirements herein made: *Provided however*, That nothing in this act shall apply to any incorporated or unincorporated fraternal beneficial society not accepting the provisions hereof or

be so construed as to compel any such society to accept its provisions or become incorporated thereunder.

APPROVED—The 6th day of April A. D. 1893.

ROBT. E. PATTISON.

The foregoing is a true and correct copy of the Act of the General Assembly No. 6. Secretary of the Commonwealth.

Monthly Bulletin of the New York State Board of Health:—July is invariably the month of largest mortality in this State, 10.65 per cent. of the deaths of the past eight years having occurred in July. There was an average daily mortality this month of 398, having risen from 291 in June, which was the lowest rate for the year; in July, 1892, it was however, 437. From zymotic diseases, with the exception of diarrhea, there where fewer deaths than in June (872 to 944). The deaths from diarrheal diseases have increased since last month from 478, which was a small number for June, to 3200, which is 26 per cent of the total mortality, this is less than it was last year and less than the average, which is about 28 per cent. The infant mortality is correspondingly diminished, 50.5 per cent. of the deaths having occurred under the age of five years, the average for July being 51.5. In the large cities of New York, Brooklyn and Buffalo 40 per cent. of the deaths were from diarrhea; in the rural parts of the State but 7.3 per cent. of the deaths were from this cause. Scarlet fever and measles continue to decrease in all parts of the State. Diphtheria is slightly more prevalent than is usual for this season. There were 16 deaths from small-pox, of which 3 occurred in Yonkers and 11 in the hospital for contagious disease at Flatbush; no spread of the disease is reported from a case developing at Newton's Corners, in Hamilton county, nor in Sing Sing. There is a large increase over last month in deaths reported from diseases of the digestive and nervous systems, which is customary in July. The reported deaths give a death-rate for the month of 22.75, against 17.50 in June. The temperature for the month has not varied from the normal of 71°, there were more fair days than in June, and the rain fall was less than the average through-

out the State by nearly 2 inches, the mean humidity being 69 per cent (73 per cent in June). The prevailing wind has been generally southwest.

COLLEGE OF PHYSICIANS OF PHILADELPHIA, N. E. corner Thirteenth and Locust streets; The William F. Jenks Memorial Prize.—The third triennial prize, of five hundred dollars, under the deed of trust of Mrs. William F. Jenks, will be awarded to the author of the best essay on "Infant Mortality During Labor, and its Prevention."

The conditions annexed by the founder of this prize are, that the "prize or award must always be for some subject connected with Obstetrics, or the Diseases of Women, or the Diseases of Children;" and that "the Trustees, under this deed for the time being, can, in their discretion, publish the successful essay, or any paper written upon any subject for which they offer a reward, provided the income in their hands may, in their judgment, be sufficient for that purpose, and the essay or paper be considered by them worthy of publication. If published, the distribution of said essay shall be entirely under the control of said Trustees. In case they do not publish the said essay or paper, it shall be the property of the College of Physicians of Philadelphia."

The prize is open for competition to the whole world, but the essay must be the production of a single person.

The essay, which must be written in the English language, or if in a foreign language, accompanied by an English translation, should be sent to the College of Physicians of Philadelphia, Pennsylvania, U. S. A., before January 1, 1895, addressed to Horace Y. Evans, M. D. Chairman of the William F. Jenks Prize Committee.

Each essay must be typewritten, distinguished by a motto, and accompanied by a sealed envelope bearing the same motto and containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

The Committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year.

The Committee reserves the right not

to make an award if no essay submitted is considered worthy of the prize.

JAMES V. INGHAM.
Secretary of the Trustees

AUGUST 1, 1893.

THE Colorado State Board of Medical Examiners will after July 1, 1893, require of all applicants for license evidence of having taken three courses of lectures of not less than twenty weeks each, in a legally chartered and reputable medical college recognized as such by The Colorado State Board of Medical Examiners. No two of these courses shall be taken within the same year.

RESOLVED, That after July 1, 1893, only such schools shall be recognized as meeting the requirements of this Board, as require a preliminary examination for admission, or a diploma of graduation from some good literary or scientific school, high school or normal school, and as require at least twenty weeks of instruction in each twelve months for three separate years, and which give instruction in the following subjects, namely: anatomy, physiology, chemistry, pathology, materia medica and therapeutics, obstetrics and gynecology, surgery, medical jurisprudence, theory and practice of medicine, hygiene.

J. N. HALL M. D.
Secretary and Treasurer.

1517 GLOUT STREET.

DON'T.

[TO YOUNG CONTRIBUTORS.]

Don't try to work on the editor's sympathies. If he is a good editor, he keeps his feelings in the background, and has an eye single to business. His duty is not to relieve distress or gratify individual aspirations, but to entertain (and if possible, sometimes instruct) his readers as well as he can. A magazine is not an eleemosynary institution.

Don't ask the editor to tear up or burn your article if he can't use it; decent people dislike to destroy other people's property. Don't fasten all your hopes on a single publication, when there are hundreds of them in the land; what is unavailable to one may suit another.

Don't try to hold one person, or set of persons, responsible for the success or failure of your literary career.

Don't complain that the periodicals, while heartlessly rejecting your story,

or sketch, or verses, have published hundreds that were worse. Perhaps they have; but when you come to conduct a magazine, you will find that one style of writing or thinking can't be made to cover all the ground, and that your individual taste must defer to that of the public.

Don't fancy that you are insulted, or that there is a conspiracy against you, because your articles come back. It is a physical impossibility to print more than a very small percentage of those that are offered.

Don't "give it up" because a particular contribution is declined. As you may learn from the circular which all well-conducted magazines send out in such cases, its non-acceptance may be dictated by considerations irrespective of its intrinsic merit or your ability. A second, or a twentieth, shot may hit the mark which others have missed.

Don't overwork the useful word *and*. Once is often enough for it to appear in a sentence, as a rule. When you see it staggering from fatigue, take it out of the ranks, put a period in its place, and begin the next word with a capital.

Don't take your pen in hand, till you have something to say which is liable to interest a good many people, and don't be hasty or careless in your way of saying it.—F. M. B., in September *Lippincott's*.

WHAT THE CURRENT DID FOR ME.

(A True Story, founded on Fact.)

Dedicated to CHARLES WILLMS, Esq.

I was feeling very badly, and the spell had lasted long,

So, after getting very weak, though my backache grew quite strong:

I thought it best to something do to ease my grief and pain,

So I asked my friend the doctor if he could my case explain?

After talking o'er the matter with much care, he said explicitly—

"My friend, you need no medicine—what you want is electricity."

Well, I didn't know, but he did, so I said "All right, I'll see,

What can be done in this way—what the current does for me"

I had agony across my back, where I think the kidneys lie,

And the way that pain took hold on me
made me sometimes almost cry ;
So I thought I had that great disease
got up by Mr. Bright,
And although it may have suited him,
for me it wasn't right.
When I told this to the doctor, he said
without duplicity—
"My friend, you don't need medicine—
what you want is electricity."
As it made no dif. to me at all, I said
"Your course is free,"
Then he started in to use it, and the
current thus used me.
(Now shut your eyes whilst this I tell) I
had to shed my clothes,
I had little on besides my chem—e, shoes,
and hose ;
In fact, as then I laid me down, I wore
little duds at all.
But he threw across my handsome
shape a lovely India shawl.
The doctor seemed to use with skill, and
with extreme felicity
The elegant machinery that made the
electricity.
And there I lay contented as quiet as
could be,
To find what there was in it when the
current went through me.
When he started in to fix me up he
placed upon my neck
A tiny sponge as soft as silk, without a
flaw or speck ;
Whilst he used another like it to rub
across my back
Where the cruel pains and aches kept
me tortured on the rack.
The doctor was as kind and free from
eccentricity
As one could want a man to be expert in
electricity.
So I felt quite resigned to what might
come, quite from all terror free
For I couldn't tell beforehand what the
current did for me !
Well after a few minutes' work as pleas-
ant as could be,
The doctor (my he's real nice) said,
"Jump up, you are free ;
Did that hurt you in the slightest or
ease your awful pain ?
That's all you need at present—slip on
your things again."
There was nothing complex in it, it was
simon-pure simplicity—

The way that skilful doctor filled me
up with electricity.
I thought that all was quite serene,
but I didn't know, you see,
For I never once suspected what the
current did to me !
Well, bless your heart, my darling, just
listen unto me,
I was fully free from pains and aches, I
felt 'way up in "G" !
But when I tried my corsets on, the
more I'd pull and haul,
The less desire they'd have to meet—
they wouldn't hook at all !
You may doubt this dearest friend, but
my words are true implicitly—
That's the sequence which then hap-
pened when I tackled electricity !
The doctor said that ne'er before had
this happened unto he,
But all the same that's what that
blessed current did for me !
Yet I got into my dress at last, though
it squeezed me rather tight.
Still, my quirks and qualms were van-
ished and I felt both gay and bright,
Then the doctor told me to come back
on Wednesday at three,
For another dose of current, and to
see what we would see.
I said "Yes, I will do so with personal
complicity—
For I think there's something in it—
this wondrous electricity."
O ! no, I wasn't frightened, Doc's as
kind as kind can be :
I was bound to learn precisely what
the current did for me !
So I went about a dozen times, and then
I felt all right,
My health came back completely, and I
grew quite strong and light ;
And I learned 'twas not the current
that did the great displacing—
For the fault was that which most girls
have—the habit of tight lacing.
So, if you need such treatment, I can
vouch with authenticity—
You never will be puffed up by taking
electricity !
And if you need such care as I, go
and my doctor see,
The current will do that for you
which it surely did for me !"
W. R. D. BLACKWOOD.

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The Philadelphia Granule Co.:—I have been using your granules extensively and they have given thorough satisfaction. I have no hesitancy in recommending them. Very truly yours, Dr. Wm. Duffield Robinson, 2012 Mt. Vernon St., Philadelphia.

I hereby certify, that I have been using the granules manufactured by The Philadelphia Granule Co., to a considerable extent, and so far look upon them with much favor. Dr. C. D. Hottenstein, Philadelphia.

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